(e) whether these laboratories conform to the international standards?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (e) The information is being collected and will be laid on the table of the House.

Coronary diseases

2044. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a study by the World Bank has revealed that fatalities from coronary diseases are likely to increase in the country; and

(b) if so, the steps Government have taken/proposed to take to launch on massive scale an awareness programme to educate the people in preventing heart diseases?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (b) According to a study conducted by the World Health Organization, World Bank and other institutions, it is projected that the number of deaths due to coronary heart disease is expected to rise in the coming years. This increase is suggested to be linked to change in lifestyle such as decreased physical activity, change in food habits, increase in the fat and sugar consumption, increase urbanization and low intake of fibre and micronutrients (folic acid, antioxidants). The Government is spreading health messages to increase pulic health awareness about heart diseases and healthy living practices.

Population control measures

2045. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND
FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 'persuasive' methods have failed to check population in the country during the past 55 years; and

(b) if so, the steps proposed/planned to control population in view of gravity of the problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) The trend of population growth

in India is fairly in tune with the classical theory of demographic transition. The country has passed through all the successive phases of demographic transition and is now widely believed to have entered in a phase that is usually characterized by rapidly declining fertility: The average annual exponential growth rate of population increased from 1.25% in 1951 to 2.22% in 1981, after which it has declined to 2.14% in 1991 and further dipped to 1.93% in 2001.

The Government has adopted the Target Free Approach since 1996 and the Family Welfare Programme in India is voluntary in nature. The Government aims at improvement in access to quality Maternal and Child Health and Contraception services to address the unmet needs of the people, through enhanced advocacy, public private partnership and improvement in public health infrastructure, especially in the EAG States.

Family welfare and population control scheme in Chhattisgarh

2046. SHRI JHUMUK LAL BHENDIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the Centrally sponsored family welfare and population control schemes running in Chhattisgarh especially in the tribal areas of the State;

(b) the details of the Central funding for these schemes and for how long;

(c) the funds that have been utilized by the State Government till date;

(d) by when these projects would be over; and

(e) if answer to part (a) above be in the negative, the reasons for absence of any such schemes in the State?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) The Family Welfare Programme is a 100% Centrally Sponsored Scheme. Assistance in cash and kind is being provided to Chhattisgarh for maintenance of infrastructure, supply of drugs, contraceptives and equipments, training, IEC, RCH Programme and variety of promotional and motivational activities such